

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila

1. County of Gila
District of Claypool
Town of Miami
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 165
County Registrar No. 984
Local Registrar No. _____

2. Full name of child Restanislao Brieno } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Dec 13, 1924
Month day year

8. FATHER Full name Rafael Brieno 14. MOTHER Full maiden name Elena Rivera

9. Residence (Usual place of abode) Claypool, Ariz. 15. Residence (Usual place of abode) Claypool, Ariz.
If nonresident, give place and state

10. Color or race mexican 11. Age at last birthday 38 (Years) 16. Color or race mexican 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 13. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation miner Nature of industry Copper 19. Occupation Housewife Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____

Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona
Filed Dec 31, 1924 Local Registrar
Filed 1-5-25 County Registrar

Registrar. _____

526-123-591